DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN

Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

Facility Information

Facility Name: HIGHLANDS AT NEWCASTLE PLACE (THE) (0009913)

Address: 12600 N PT WASHINGTON RD #300, MEQUON, WI 53092

License Status: REGULAR

Licensed/Certified/Registered 02/01/2004

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey His

Survey ID: 0095730 End Date: 09/08/2005 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093006 End Date: 07/02/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009007 Served 07/30/2004

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	Verified	Corrected
83.33(2)(c)	LEISURE TIME ACTIVITIES	08/31/2005	Yes
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	08/31/2005	Yes
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS	08/31/2005	Yes

Survey ID: 0090701 End Date: 07/17/2003 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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STAFF TRAINING AND PROFICIENCY

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Complaint History					
Date Complaint Received: 07/21/2005	Date Investigation Completed: 09/08/2005				
Subject Area(s) NUTRITION & FOOD SERVICES STAFF ADEQUACY PROGRAM SERVICES	Result NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#			
Date Complaint Received: 03/10/2004	Date Investigation Completed: 03/17/2004				
Subject Area(s) RESIDENT RIGHTS	Result NOT SUBSTANTIATED	SOD#			
Date Complaint Received: 02/19/2004	Date Investigation Completed: 05/20/2004				
Subject Area(s) MEDICATIONS	Result NOT SUBSTANTIATED	SOD#			
Date Complaint Received: 02/18/2004	Date Investigation Completed: 07/02/2004				
Subject Area(s) SUPERVISION RESIDENT RIGHTS	<u>Result</u> NOT SUBSTANTIATED SUBSTANTIATED	<u>SOD #</u> 10009007			

NOT SUBSTANTIATED